Case 1:08-cv-00586 U.S. Department of Justice United States Marshals Service

Document 9 Filed 05/13/2008 T RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

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PLAINTIFF					- 1	COURT CASE NUMBER 08C586	Mc586
Terrell Jones					<u> </u>		CDC SQU
DEFENDANT		•		•	1	TYPE OF PROCESS	
Lt. Dahmen						s/c	
SERVE NAME OF INC						ION OF PROPERTY TO S	SEIZE OR CONDEMN
Sgt. Kraush	opf #895	, Cook (County De	pt. of Corre	etions		
ADDRESS (St	neet or RFD,	Apartment No.	., City, State a	nd ZIP Code)			
AT CCJ, C/O I	egal Dep	t. 2700	S. Calif	ornia Ave.,	2nd. F	1r., Div. 5, C	hicago, IL 6060
SEND NOTICE OF SERVICE COP					· ·	of process to be	
					served with this Form - 285		
Terrell Jour	s. #2007	7-0057770	D .		<u> </u>	<u> </u>	
Cook County Jail P.O. Box 089002					Humber of parties to be		
					served in	this case	9
Chicago, IL			•		Check fe		
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SPECIAL INSTRUCTIONS OR OF Telephone Numbers, and Estimated	THER INFOR	MATION THA	T WILL ASSIS	I. IN EXPEDITING	SERVICE .	(Include positions told Al	
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				MICH	AEL W.	DOBBINS	
				CLERK. V	S. DIS	TRICT COURT	1 page
Signature of Attorney or other Originator requesting service on behalf of:					TELEPHONE NUMBER		DATE
				DEFENDANT	1		03-03-08
					77.00		W THE TIME
SPACE BELOW FOR	USE O	F U.S. M	ARSHAL	ONEX — DO	YUI	MKIIF BETO	V THES LINE
I acknowledge receipt for the total	Total Process	District	District	Signature of Authori	zed USMS	Deputy or Clerk	Td Date
number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) 2 of 9 No. 24 No. 24							03-03-08
	<u>}</u>	1		-f	annead ne e	hown in "Pamarks" the m	rocess described
I hereby certify and return that I hon the individual, company, corporate	ave personally	scrved, man av - address show	e legal evidence n shove or on th	e or service, ∟ nave ex se individual, company	corporatio	on, etc., shown at the addre	ess inserted below.
	188.5			,,,,,	, <u>.</u>	•	
☐ I hereby certify and return that	I am unable	to locate the	individual, com	pany, corporation, etc	., named	above (See remarks below	w)
Name and title of individual serve	d (if not show	n above)				A person of si	uitable age and dis-
OCA O TOTAL						cretion then res	siding in the defendant's
Utticer Ronna Farnandis							Time 25
Address (complete only if different than shown above)						- ,	
						0708/08	11.00 pm
						Signature of U.S.	Marshel or Deputy
						1	The second
					A	und to I.S. Manufactor	Amount of Refund
Service Fee Total Mileage C		arding Fee T	otal Charges	Advance Deposits	Amount of	ved to U.S. Marshal or	U Village of Kerona
(including ende	evors)	Olhh	17 NO 1	mon	COS	α . I low	it roll
OUT BUILD	<u> </u>	<u>, </u>		COLVIT	<u>, ~~.</u>	~~~~~~~~	<u>v c //</u> .
REMARKS: COO DYX	esc S	helt:	# 丿だ	x crang	2 .,	•	